

**United States Bankruptcy Court  
Western District of Virginia  
1101 Court St., Room 166, Lynchburg, VA 24504  
(434) 845-0317**

May 6, 2008

Internal Revenue Service  
Insolvency Unit  
400 North 8th St. Box 76  
Richmond, VA 23219-0000

RE: Frank Thomas Dombrowski  
Chapter 13, Case No. 07-61223  
PROOF OF CLAIM

Dear Sir or Madam:

You are hereby notified that counsel for debtor, Cox Law Group has filed a proof of claim on your behalf pursuant to Bankruptcy Rule 3004. A copy of said claim is enclosed.

Sincerely,

Marleca Adams  
Marleca Adams, Deputy Clerk

**Enclosure**

**cc: Debtor  
Attorney for Debtor  
Trustee**

**cc of claim: Creditor**

B10 (Official Form 10) (12/07)

| UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF VIRGINIA/LYNCHBURG DIVISION   |   | PROOF OF CLAIM   |
|--|---|--|
| Name of Debtor <b>Frank Thomas Dombrowski</b>  |   | Case Number:<br><b>07-61223</b>  |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |   |  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property):<br><b>Internal Revenue Service**</b>  |   | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.   |
| Name and address where notices should be sent:<br><b>Insolvency Unit<br/>400 North 8th St., Box 76<br/>Richmond, VA 23219-0000</b>   |   | Court Claim Number:<br>(if known)  |
| Telephone number:  |   | Filed on: _____  |
| Name and address where payment should be sent (if different from above):   |   | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  |
| Telephone number:  |   | <input checked="" type="checkbox"/> Check this box if you are the debtor or trustee in this case.  |
| 1. Amount of Claim as of Date Case Filed: <b>\$5,804.95</b>  |   | 5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  |
| If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  |   | Specify the priority of the claim.   |
| If all or part of your claim is entitled to priority, complete item 5.   |   | <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.  |   | <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4). |
| 2. Basis for Claim: <b>Taxes</b><br>(See instruction #2 on reverse side.)  |   | <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).   |
| 3. Last four digits of any number by which creditor identifies debtor:   |   | <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7).   |
| 3a. Debtor may have scheduled account as:<br>(See instruction #3a on reverse side.)  |   | <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).  |
| 4. Secured Claim (See instruction #4 on reverse side.)<br>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.   |   | <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(_____)  |
| Nature of property or right of setoff:<br>Describe:  |   | <b>Amount entitled to priority:<br/>\$5,804.95</b>   |
| Value of Property: _____ Annual Interest Rate: _____   |   |  |
| Amount of arrearage and other charges as of time case filed included in secured claim, if any: _____ Basis for perfection: _____   |   |  |
| Amount of Secured Claim: _____ Amount Unsecured: _____   |   |  |
| 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this claim.   |   |  |
| 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) |   |  |
| DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  |   |  |
| If the documents are not available, please explain:  |   |  |
| Date:<br><b>1/28/2008</b>  | Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. | FOR COURT USE ONLY   |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

# Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



**Form 10**  
Attachment

In the Matter of: FRANK THOMAS DOMBROWSKI  
15161 MONTANUS DR  
CULPEPER, VA 22701

Docket Number

07-61223

Type of Bankruptcy Case

Chapter 13

Date of Petition

07/03/2007

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

## Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

| Taxpayer<br>ID Number | Kind of Tax | Tax Period | Date Tax Assessed | Tax Due    | Interest to<br>Petition Date |
|-----------------------|-------------|------------|-------------------|------------|------------------------------|
| XXX-XX-4243           | INCOME      | 12/31/2006 | 12/17/2007        | \$5,705.39 | \$99.56                      |

**Total Amount of Unsecured Priority Claims:**

## Unsecured General Claims

Penalty to date of petition on unsecured priority claims (including interest thereon) . . . . . \$81.13

**Total Amount of Unsecured General Claims:**



• DAVID COX  
• DAVID E. WRIGHT  
• JANICE ROY HANSEN

1.800.254.2760  
www.coxlawgroup.com

January 29, 2008

INTERNAL REVENUE SERVICE  
INSOLVENCY UNIT  
400 NORTH 8<sup>TH</sup> STREET, BOX 76  
RICHMOND VA 23219

RE: FRANK THOMAS DOMBROWSKI  
CHAPTER 13 BANKRUPTCY  
CASE NO. 07-61223  
ACCOUNT NO. 4243

Dear Sir or Madam:

This letter is to inform you that Mr. Cox has filed a proof of claim in the above referenced case because our review of the court's records indicates that you have not yet filed a claim yourself. A copy of this claim that has been filed with the bankruptcy court on your behalf is enclosed for your records.

**In order to receive funds from the Trustee based on your proof of claim, you must provide the Trustee with documents which establish your lien, if any, on the property of the debtor(s) (such as a car title and security agreement) and provide some proof of the debt owed to you. Unless this documentation is provided, the claim may not be allowed.**

Should you need any further assistance, please do not hesitate to contact me at the numbers above or by email at [magen@coxlawgroup.com](mailto:magen@coxlawgroup.com).

Sincerely,

Handwritten signature of Magen D. Boone in cursive script.  
Magen D. Boone  
Senior Bankruptcy Paralegal

Enclosures